



Podiatrists Board of New Zealand

NEWS LETTER

October 2006

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RE-CERTIFICATION COMPETENCE PROGRAMME FRAMEWORK

Since the introduction of the new Health Practitioners Competence Assurance Act (HPCAA) 2003, all of the health profession Boards and Councils (Authorities), have been busily challenged in the development and introduction of on-going competence assurance programmes. For some Boards (including the Podiatrists Board) this was a new task and for others it was a remodelling exercise requiring the “beefing up” of existing continuing professional education programmes to make them compliant with the (competence) requirements of the new legislation.

The HPCAA 2003 requires the Podiatrists Board to protect the public by ensuring that podiatric practitioners are fit, safe and competent to practise. In particular, the Podiatrists Board applies standards for registration and recertification to ensure that the highest possible standards of podiatric care delivery in New Zealand are maintained.

Section 27.1(a) of the HPCAA 2003 prohibits the Board from issuing an annual practising certificate (APC) if “the applicant has, at any time, failed to maintain the required standard of competence”.

Section 27.1(c) of the HPCAA 2003 extends this obligation to prohibit the Board from issuing of an APC if “the applicant has not satisfactorily completed the requirements of any competence programme that he or she has been ordered by the Authority (Board) to complete”.

The issue of an APC therefore indicates, to the public, that a registered podiatrist is maintaining the required competence standards and continues to be fit and safe to practice.

The Podiatrists Board is pleased to advise that its Re-Certification Competence Programme Framework document (PBRCF) was completed and introduced with the 2006/2007 Annual Practising Certificate (APC) year, introducing the requirement of not only “renewal” of the APC, but the need for “re-certification” as well.

Furthermore, it is described as a living document. It is therefore anticipated that the Framework will (from time to time) be modified

- to reflect professional/legislative change
- as practice requirements demand and
- as scopes of practice expand.

The current document is available for viewing on the Board’s website at www.podiatristsboard.org.nz.

The introduction to the Framework document is reproduced below for

readers to refer to:

“1. INTRODUCTION

These guidelines are promulgated by the Podiatrists Board of New Zealand [“the Board”] as authorised by the Health Practitioners Competence Assurance Act 2003 (HPCAA). That Act places new and unique responsibilities upon all health profession registration authorities and registered health practitioners.

Part 1. S 3(1) & 3(2) of the Act states:

- (1) “The principle purpose of this Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions.”
- (2) “This Act seeks to attain its principal purpose by providing, among other things-
 - (a) for a consistent accountability regime for all health professions; and
 - (b) for the determination for each health practitioner of the scope of practice within which he or she is competent to practise; and
 - (c) for systems to ensure that no health practitioner practises in that capacity outside his or her scope of practice;”

All practitioners must be registered for at least one Scope of Practice, but many will also need to be registered by the Board so that they can operate within two or more scopes. The various Scopes of Practice are identified and determined by the Board from time to time.

To satisfy the criteria of the HPCAA all practitioners are required to demonstrate competence within the scope/s for which they have become, or are to be registered.

The clear intent of the HPCAA is also for the Board to develop appropriate audit and monitoring procedures so the public are assured that practitioners are practicing safely within their registered Scopes of Practice. This intent is underpinned by the HPCAA identifying two well-defined mechanisms which enable monitoring of practitioner competence.

Two types of assessment of competence have been identified.

1. On-Going Competence:

The assessment and monitoring of the on-going competence of practitioners generally and of those practising within specified scopes of practice. This assessment and monitoring is carried out through

the development and administration of a continuing competence or **Re-Certification Programme**. This programme is intended to be *educational* in nature.

Refer to **Re-Certification Programmes** (HPCAA s 41)

2. Competence Review:

The review of a practitioner or group of practitioners which results in the development of a specifically targeted educational **Competence Programme** with the intention of being *remedial* in nature.

Refer to **Competence Programmes** (HPCAA s 40)"

STATUTORY RESPONSIBILITY AND OBLIGATION

Along with every other registered profession, in the health sector, the Podiatrists Board has a very clearly defined role with regard to ensuring the competence of all practitioners under its jurisdiction in ordering their **compliance** to the requirements of the Health Practitioner Competence Assurance Act (HPCAA) 2003.

The principle underpinning the new legislation remains that which has historically provided the foundation of all previous governing regulations of the various health professions, that of **protecting the interest and safety of the public**.

The title of the new Act clearly describes the intent of its introduction, that of protecting the interest and safety of the public through "**competence assurance**".

It is therefore extremely important for practising podiatrists (as primary healthcare providers) to fully appreciate, recognise and understand

- their own **statutory responsibilities and obligations** to continuously demonstrate, maintain and assure their **competence** to practice under the direction of, and in compliance with, the HPCAA 2003, and
- the **statutory responsibilities and obligations** of Boards (Authorities), under the HPCAA 2003, to **assure practitioner competence and public safety** through prescribing qualifications, setting and monitoring practice standards, the setting of minimum competencies for registration and the **setting and monitoring of on-going competence** programmes.

Having undergone a full consultation process the current document was produced, and then re-produced, implementing a number of key changes suggested by stakeholders.

Predictably the main criticism of the original document related to the cost of compliance (time value and monetary value).

Following further discussions with (and lobbying by) Podiatry New Zealand, the Board made further major alterations to the Re-certification Framework, including extending the two year compliance requirement to three years, in which practitioners now have to complete their continuing competence activities. This was notified in a letter to Podiatry New Zealand dated 28 February 2006, and again on 10 April 2006.

This roughly equates to around a 40 hour requirement per annum to be spent on professional continuing competence activities, less than one hour per week for practitioners.

The Board felt this requirement to be fair and in line with the requirements of similar programmes of other primary health care providers and far from being as onerous on practitioners, as the original document was described.

The Podiatrists Board was therefore disappointed to have Podiatry NZ introduce an unprecedented legal challenge against the Board on this matter which it received on 5 April 2006, which is discussed later in this Newsletter.

PBRCF DOCUMENT MODIFICATION

The single most substantial change to the existing PBRCF is the increase in the compliance period from two to three years whilst maintaining the total **minimum** number of credits at 200 for the three year cycle.

The current PBRCF is being altered to reflect the various (positive) changes brought about by this welcome change.

Standardised Credit Values

The areas affected most are the credit allocations which will be re-written with the intention of clarifying the compliance requirements of each of the activity categories as highlighted in "Appendix A: Example Activities Summary & Associated Credits" i.e.

- CCME (Compulsory Continuing Medical Training)
- CME (Continuing Medical Education)
- CPD (Continuing Professional Development) and
- CQI (Continuing Quality Improvement)

One change to the allocation of credits is for those awarded for CPD activities which are indicated, in the current PBRCF, to be 1 hour per credit.

The Board has decided that all activities carried out as CPD activities will be awarded two credits per hour on the basis that the Board considers it equally important for practitioners to maintain competence through participation in this area of practice as any other. The Board wants, wherever possible, to remove confusion from the credit awarding process for the different activity categories as it becomes obvious that competence in all areas of practice is equally important in satisfying the objective of the HPCAA.

For the same reasons, the Board has decided to revise the number of hours for CME activities identified in Appendix A as "Non-endorsed CME" and "Undertaking Research/literature Reviews" from one credit per hour to two credits per hour, which now means that **all credits awarded for CCME, CME and CPD are standardised at two credits per hour**.

Appropriation of CQI Credit Requirements

The Board has decided that, following the increase from a two to a three year programme, the CQI activities described, in Appendix A as "Practice/clinical audit programme participation" should now comprise 3 cycles spanning 3 years.

Briefly, Year 1 will be to plan and implement, Year 2 to review, refine and re-implement and Year 3 to review and complete the audit of the activity as appropriate in each case.

This amendment is made on the basis that it more fairly represents the time requirement of this type of activity. It also favourably introduces a further possible 20 credit gain to the annual credit total. It may well be that some CQI activities require less than three years to complete. It is, therefore, also possible to acquire CQI activity credits for "practice/business improvement activities", for example, in years where a cycle of audit programme participation does not occur.

Having completed your Programme Pathway Planning Summary Sheet as part of your re-certification requirements when applying to renew your Annual Practising Certificate (APC), the Board has encouraged practitioners to spend some time thinking about maintaining their level of competence, and the activities they plan to undertake in order to achieve this.

The Board appreciates that this is a new concept for some, and that a few have felt that it is a reflection of the Board not having confidence in the current levels of competence of practitioners.

This is not the case. As indicated earlier, the Board has introduced the re-certification requirements as a response to its statutory duty under the HPCA Act, and hopes that practitioners will welcome this as an opportunity to maintain their competence in a more structured way, together with all of their colleagues rather than leaving it up to individuals.

In conclusion, the Act reflects that when there are no standards and guidelines in place, and the requirement to maintain one's competence is on a voluntary basis, in many cases it may just not happen, or the standard may be considered to not be at a sufficiently high level.

As a practising podiatrist, it is your obligation and responsibility now to assess, plan and undertake what re-certification requirements you have chosen to complete within the coming three years from your 2006/2007 APC date.

It is important for podiatrists to understand that they may complete some different activities to those that had originally been outlined in their Programme Planning Summary Sheet, the sheet is intended as a plan only as it is understood that the activity options available to you may change over the three year period.

The Board has planned for an annual 20% non-targeted audit of certified practitioners, and in this event it will require details of your completed logbook and documentation to be kept up to date ready to be submitted to the Board upon request, at some time over the following five year period.

The Board looks forward to a new era of assured practitioner competence for the public of New Zealand, and to working with the profession in a positive spirit to fulfil its own, and those of registered podiatrists, statutory obligations under the Health Practitioners Competence Assurance Act 2003. The modified PBRCF document has now been published and will shortly be available on the Board's website www.podiatristsboard.org.nz. Hard copies of the document will be posted to practitioners.

LEGAL CHALLENGE FROM PODIATRY NEW ZEALAND

The Board is confident and satisfied that the level and type of recertification programme it has set, developed and introduced is appropriate for the scopes of podiatric practice in New Zealand, and is in line with that required to assure the safety of the public seeking the services of podiatrists in New Zealand.

However, in response to the receipt of a strongly worded legal letter from solicitors acting on behalf of Podiatry New Zealand, the Board was compelled to seek the opinion of its own legal advisers which resulted in them, and Board representatives, meeting with Podiatry New Zealand representatives, and their legal advisers, on 18 May 2006 to discuss their on-going concerns.

Despite the Board making changes, to reflect the most common concerns received from interested parties following the introduction of its Draft PBRCF Consultation Document in May 2005, and after receiving written acknowledgement from Podiatry New Zealand commending the positive changes introduced by the Board in the restructured (current) PBRCF, the Board was surprised to learn that many of the concerns placed before it remained unchanged from those (already dealt with concerns) declared in submissions at the introduction of the original first draft consultation document.

The proceedings of this meeting were taken up by the Board, and its legal advisers, for reconsideration by the Board at its up and coming Board Meeting.

Upon full consideration, by the Board's legal advisers, of the proceedings of the meeting between Podiatry New Zealand and the Board, the position of the Board (with regard to the level and structure of its current three year PBRCF) was subsequently confirmed in both a statutory and legal sense.

At its last meeting, on Friday 18 August 2006, the Board considered further the proceedings of the meeting held with Podiatry New Zealand and its legal counsel.

In its deliberations over the re-stated Podiatry New Zealand concerns (as discussed earlier in this document), regarding the compliance requirements of the PBRCF, as well as reconfirming its own statutory obligations and responsibilities, the Board took into consideration its own legal advice.

This confirmed that the Board was indeed acting in accordance

with the HPCAA 2003 statutory regulations (and in reflection of the **minimum** competencies required of a practising podiatrist) in setting the appropriate compliance levels of the Recertification Programme for the various high level, and often invasive, clinical activities described in the various registered scopes of practice for podiatrists.

The Board was unanimous in its decision that the concerns being raised by Podiatry New Zealand were not such that, other than making the substantive changes to the credit values indicated earlier in this newsletter, they would cause the Board to reconsider diluting the compliance requirements of its PBRCF further, at the risk of neglecting its lawful and statutory obligations and responsibilities to the public.

The main reasons for the Board's decision to retain the current PBRCF (including the extension from a two to a three year programme) in its present form which have been notified to Podiatry New Zealand, are outlined below in some extracts from the Board reply to Podiatry New Zealand (via both respective legal counsels):

"...The Board's intention in setting a minimum annual credit requirement, is to enable practitioners to maintain flexibility in their practices and to complete re-certification programmes, insofar as possible as is convenient to them.

At the same time, the Board is aiming to ensure that practitioners continually monitor and update their competence through the re-certification programme, and that they do not get too far behind in their credit requirements...

"...The Board is aware that any re-certification programme will result in a time and cost increase for practitioners not currently undertaking some kind of professional development activity of their own accord.

The Board does not consider that it is appropriate for the re-certification programme to be designed with a certain number of hours in mind, nor for a time commitment to be based upon the number of hours it was thought would not cause members to leave the profession. The Board's primary obligation is to ensure that practitioners are competent to practice.

The Board has considered whether it is possible to make any further amendments to the Framework document on the basis of Podiatry NZ's concerns, while at the same time maintaining the required level of competence.

However, the Board has decided that it remains confident in the level at which the programme has been set, and that further amendment would not ensure that this level of competence is maintained across the spectrum of practitioners...

"...The Board considers that the modification of the re-certification programme from a two to a three year completion period, together with other amendments to credit values made during the course of consultation on the Framework document... will ensure that practitioners maintain the required level of competence in a reasonable time period."

THE FUTURE OF CONTINUING PROFESSIONAL (PODIATRIC) EDUCATION

The Board is hopeful that any further negotiations with Podiatry NZ on this issue can be dealt with directly and amicably in the future, in the spirit of understanding of each of our statutory obligations and responsibilities and with collegial co-operation, thus avoiding the use of further disruptive and costly legal action.

The Board appreciates that although the backgrounds and functions of the two organisations are different (the Board's primary function being to utilise legislation to protect the interests and safety of the public, and Podiatry New Zealand's role being to support the professional interests of practitioners) that with a full appreciation of the regulatory requirements there is no reason why both bodies cannot work together to achieve the objectives required of registered practitioners by the HPCAA 2003.

Indeed, the Board would hope that Podiatry New Zealand's policy would

substantially mirror that of the Board and also wish for the protection of the public in ensuring that the percentage of registered podiatrists they represent, as primary health care providers, maintain their levels of competence relative to the expanding scopes of practice in modern podiatric medicine.

It is encouraging news for the Board to receive information from the profession that many more (than pre HPCAA 2003) practitioners are actively attending local peer group meetings, and are also attending educational and professional activities in record numbers since the introduction of the PBRFC. The Board is heartened by anecdotal reports from practitioners, that despite the compulsory requirement, they are actually enjoying regularly meeting their peers and benefiting from the professional interaction which they are experiencing.

This, in essence, reflects the spirit and the benefits of the HPCAA for the practitioner and the public.

The Board passes its heartiest congratulations to the regional organisers of professional activities being developed in compliance with the PBRFC for the benefit of furthering the competence assurance of podiatrists in New Zealand.

LEGAL EXPENSES

Such legal expenses incurred by Boards may, under section 130.1 (i) of the HPCAA 2003, result in the introduction of a monetary levy shared across the whole register of practitioners in order to recoup the costs of any such legal proceedings.

The cost to the Board of defending this legal challenge has been very considerable, however the Board is mindful of the extra expense imposed on practitioners by the HPCA Act, in maintaining their on-going competence as practitioners. It has therefore decided, at this stage, to absorb the legal costs on this occasion.

On a brighter note:

BOARD ENDORSED CONTINUING PODIATRIC EDUCATION

The Board welcomes enquiries from organisations, presenters and individuals seeking Board endorsement for courses and presenters for the Board's Continuing Podiatric Education list.

The Board is pleased to see this list continue to grow, and hopes that this will assist practitioners to fulfil part of their Re-certification requirements. This list of Board Endorsed Courses is also available on the Board's website.

BOARD SCOPES OF PRACTICE

The Board advises that the new scope of practice of Visiting Podiatrist Educator has been gazetted and introduced by the Board. This scope is intended solely for short-term overseas educators and presenters who will not be practising podiatry in New Zealand.

The scope will cover any podiatrist from overseas who is going to be involved in the practical aspects of teaching clinical practice or procedure upon live subjects, whilst visiting New Zealand, and will require application to the Podiatrists Board for registration in this scope.

The fee for registration in this scope is \$50 and the APC fee to practice solely in this scope is \$50. This is well below the usual APC fees, as the Board feels that it is in the interests of furthering opportunities for continuing podiatric education to maintain competence within the profession, that the fee be a nominal one.

The definitions and qualifications for the five scopes of practice: Podiatrist, Podiatric Surgeon, Podiatric Radiographic Imager, Podiatric Prescriber and Visiting Podiatrist Educator; are available on the Board's website.

PRESCRIBING SUBMISSION UPDATE

The Podiatrists Board presented the submission for its Application for consideration of Extended Prescribing Authority for Registered Podiatrists to the Ministry of Health, New Prescribers Advisory Committee (NPAC) on 10 June 2005. In response, the NPAC has accepted in principle the Board's submission and has given the Auckland University of Technology (AUT) authority to provide the post-graduate pharmacology programme in 2006.

The NPAC had requested further information that was presented to the Ministry of Health on 15 March 2006.

The Board is now completing the final stages of this process by providing the NPAC with evidence of working with medical and pharmacist practitioners to develop a model for monitoring and auditing podiatry prescribers and to develop case study presentations for educational purposes. The Board has also to work with a medical and pharmaceutical practitioner to clarify the medicines list that the Board is requesting access for podiatrists. The Board awaits further contact with the NPAC regarding finalising these details before implementation of the submission into legislation can take place.

REGISTRATION REQUIREMENT REVIEW

The Board is currently reviewing the entry level requirements for overseas trained podiatrists who comply with Board criteria, and who are seeking registration to work in New Zealand. The Board's intention is to remove unnecessary barriers to registration and to help alleviate the current shortage of podiatrists in New Zealand.

ANNUAL PRACTISING CERTIFICATE FEE INCREASE

Due to increased administration costs, a reflection of the increasing cost of Board compliance with the HPCAA, and a rise in the Secretariat service fee (with RBS), the Board has reluctantly resolved to increase the cost of the Annual Practising Certificate fee for practitioners from 1 April 2007. The APC fee will increase from \$550 to \$650, and the fee for those paying after 1 April 2007 (who held an APC for the previous year) will increase from \$650 to \$750.

ANNUAL PRACTISING CERTIFICATE REQUIRED TO PRACTICE IN NEW ZEALAND

The Board wishes to remind all podiatrists that practitioners must hold a current Annual Practising Certificate. It is illegal to practice podiatry in NZ without such a certificate and the Health Practitioner Competence Assurance Act 2003 section 7(5) provides that this offence may be punishable by a fine not exceeding \$10,000.

CONTACTING THE BOARD

For any queries regarding the Re-certification Framework requirements, Board endorsement of Continuing Podiatric Education courses or other matters please contact the Registrar:

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